

Title of the report:	Thames Ambulance Service Ltd (TASL) Non-Emergency Patient Transport Services Update
Report to:	Joint City and County - Leicester, Leicestershire and Rutland (LLR) Health Scrutiny Committee
Date of the meeting:	4 th September 2018
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Presented by:	Mr Mike Ryan, Director of Urgent and Emergency Care, LLR

PURPOSE

1. The purpose of this paper is to provide update to the Joint Health Scrutiny Committee regarding the provision of services by Thames Ambulance Services Limited (TASL) to the Leicestershire, Leicester City, and Rutland (LLR) healthcare geography as at August 2018.

INTRODUCTION/BACKGROUND

2. The Non-Emergency Patient Transport Services (NEPTs) commissioning and procurement “market” is characterised as being difficult with a small number of accredited providers available nationally, and both quality and service delivery issues experienced fairly widely across the country. At the same time, operationally these services are interdependent upon how well logistics are organised and managed by individuals and/or organisations who book transport on a daily basis.
3. Non-Emergency Patient Transport Services play an important role across the health and social care system in ensuring patients can be discharged from hospital effectively with appropriate transportation, and/or be transported to/from hospital for outpatient appointments or regular visits based on health needs.
4. In June 2017 Thames Ambulance Services Limited (TASL) were awarded the LLR Non-Emergency Patient Transport Services contract following a procurement exercise led by the Midlands and Lancashire Commissioning Support Unit. TASL began providing services on the 1st October 2017, and in its first year has under-performed against expectation in terms of both performance and quality.

SUMMARY UPDATE:

5. TASL has established a good and positive working relationship with other providers including University Hospitals of Leicester (UHL) and Leicestershire Partnership Trust (LPT), with performance improving on a monthly basis. Whilst performance has slowly improved, concerns have remained in relation to quality as well as TASL's long-term financial sustainability.
6. In the current first year of provision, the provider's performance has regularly been below expected standards including impact upon the quality of the service as well as overall patient experience. It was recognised that performance in the first year would be challenging due to the implementation period and winter pressures whereby there is a significant increase in demand on services, with commissioners closely managing the provider. It was further recognised by the Collaborative Commissioning Board and individual CCG Governing Bodies that the procurement decision was taken in accordance with the market and short-listed bidders in recognition of the level of risk and the assurances/mitigations typically associated with non-elective patient transport services.
7. TASL has been challenged financially in its first year which has caused some concern regarding the ability for TASL to live up to the commitment of a five-year contract within LLR. Commissioners are working closely with TASL to assure the continuity of patient care and separately have established appropriate arrangements in place for contingency provision (if required).
8. Commissioners continue to utilise appropriate contract levers to improve performance, and a recovery action plan is in place with control and monitoring arrangements between commissioners and TASL, with close working to ensure any risks and issues are identified and resolved as soon as possible.
9. As at August 2018, there is an acknowledged greater stability within TASL's leadership, with clear plans in place for improvement across both performance and quality.
10. As part of regular governance and audit processes, through internal audit the CCGs are auditing the procurement process undertaken in early 2017 for assurance that the process was thorough, consistent, and represented best practice.
11. LLR continues to work closely with TASL and neighbouring commissioners to ensure the service to patients improves further. This includes ensuring we learn the lessons from previous incidents elsewhere from other providers to avoid pitfalls and unnecessary mistakes, and will take the opportunity to further learn locally what improvements can be made.

PROVIDER MANAGEMENT

Operational Performance

12. Performance on the whole has slowly improved since the start of the contract. Performance was either maintained or improved for all six 'time on vehicle' key performance indicators (KPIs) in June, and the KPI that was not met related to 4 patients who missed the KPI by just 3 minutes. June has been the busiest month for both arrival and departure journeys which has impacted upon KPI's in only marginally for arrivals on time within a range of maximum 7%.
13. There were 5,658 Renal patient journeys booked in June 2018 which equates to 37% of all bookings. Performance against the range of KPIs was quite sporadic and regularly the fluctuation in performance was negligible by 1% in most cases.
14. Commissioners have compared performance at year 1 against the previous provider using the first 9 months of TASL's performance data. The data reveals that the previous provider performed better than TASL in some areas, whereby TASL has performed better in other areas.

Quality

15. Shortly after the start of the LLR contract, the CQC served a warning notice to TASL on the 26th of October 2017 under Section 29 of the Health and Social Care Act 2008. Although this was by way of a CQC inspection and a different health system's contractual arrangement, as a provider it is relevant to the LLR system and carries a risk whereby TASL could be instructed to cease from operating if quality improvement is not achieved, representing a significant risk to all commissioners of TASL services across the country. TASL were asked to take action under the following regulations:
 - a. Regulation 12 HSCA (RA) regulations 2014 safe care and treatment
 - b. Regulation 16 HSCA (RA) regulations receiving and acting upon complaints
 - c. Regulation 17 HSCA (RA) regulations 2014 Good Governance
 - d. Regulation 18 HSCA (RA) regulations 2014 staffing
16. TASL were asked to submit an action plan to address these concerns on the 1st of December 2017. CQC have completed further inspections to assess compliance and have noted that there has been some improvement with the quality of care provided for patients in some areas and note that there have been significant changes to the management structure including the recent appointment of the CEO who commenced on the 5th of March 2018. CQC have

given TASL an extension to their notice as they feel that they are now in a better position to improve. The CCGs have not yet received an update following the last review meeting.

17. Commissioners receive monthly reports outlining a number of quality indicators, including patient complaints and incidents. In May, 33 concerns were received into the service with a notable theme of late patient collection, and it is reported that all complaints are acknowledged within 3 working days and represent a small proportion of overall bookings (circa 15,000/month) and contact with patients each month. No serious or major incidents have been reported.
18. The LLR CCG quality team undertook a quality visit on the 4th of July 2018, which highlighted some minor areas requiring improvement:
 - a. Inefficiencies in planning between the control room;
 - b. Practical issues e.g. lack of internet access;
 - c. Mandatory training gaps;
 - d. Lack of senior management visibility and communication;
 - e. Lack of internal audits; and
 - f. Positive feedback was given upon their incident reporting process
19. An action plan has been established in order to monitor progress against the identified themes/issues.

Financial Stability

20. TASL have confirmed internal financial pressures, including operating at a financial deficit. The CCGs are working closely with TASL and NHS England to ensure appropriate action is taken to mitigate any risks from this position toward a more positive position and conclusion.
21. TASL have identified an internal cost improvement programme that is focused on generating more internal efficiency, with recent actions recently reducing this internal deficit.

Governance and Assurance Actions

22. As a system of statutory bodies, LLR continues to manage the provider to ensure the continuity of service and patient care in keeping within contractual and quality standards. The CCGs are undertaking the following governance and assurance actions to ensure both the procurement exercise and the management of TASL is robust and in keeping with requirements. This includes:

- a. Formal contract management meetings to review performance and contractual activity to enable visible management of risks and issues, as well as visibility of internal operational and corporate data/information.
- b. Fortnightly interface meetings between providers, including UHL, LPT and TASL with commissioner support to enable continuous improvement and facilitation of operational changes.
- c. Internal audit review of procurement process to assure the process was robust and in keeping with best practice.
- d. Legal advice sought to ensure contractual arrangements and decisions to date are consistent with legal and statutory responsibilities.
- e. Establishment of contingency or succession planning arrangements if required to ensure service provision.
- f. Liaison with colleagues in neighbouring CCGs to share information and learning, as well as weekly contact with TASL executives.

Benchmarking Services and Stimulating the Market

23. LLR and neighbouring commissioners have met with the Independent Ambulance Association (IAA) to discuss their aim to promote the need for a national Patient Transport Services (PTS) framework for both commissioners and providers. It was acknowledged that the PTS market was complex with a number of factors both internal and external impacting upon its ability to perform to a high standard and meet both patient and public expectation in which to commission.
24. LLR is engaged in discussion on a regional and national level to support the need to match service provision to expectation, through the establishment of a prospective, future national framework including service specifications that can be adjusted for local variations but will provide consistency within commissioning.

CONCLUSION

25. Commissioners have confirmed support to continue to work with TASL to seek a suitable solution to manage and overcome current challenges. At this stage, commissioners are not prioritising contract termination recognising the existing contractual relationship, as well as the complexity of the market and challenges in providing a PTS service across LLR. Commissioners have established contingency arrangements should this provision need to be utilised at any point.
26. Commissioners NHS England are engaged and maintain a strategic co-ordination role and responsibility as per the NHS Act 2006 (as amended), and LLR are working in hand to ensure appropriate and informed decisions can be taken to safeguard the continuity of patient care.